

PREPARED BY AND RETURN TO:
DAVIS LAW FIRM, PC
5185 Getwell Road
Southaven, MS 38671
(662) 393-8542
05L-1026

9/20/05 10:58:14
BK 510 PG 255
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

QUITCLAIM DEED

PATTI POND, EXECUTRIX OF THE ESTATE OF BEN ASHCRAFT,
GRANTOR

TO:

PATTI POND,
GRANTEE

For and in consideration of the sum of Ten and No/100 (\$10.00) Dollars, cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of which is hereby acknowledged, Patti Pond, Executrix of the Estate of Ben Ashcraft, the undersigned Grantor does hereby sell, convey, and quitclaim unto the above Grantee, Patti Pond, the following described real estate, located and situated in DeSoto County, Mississippi said property more particularly described as follows, to-wit:

Lot 2155, Section "M", Greenbrook Subdivision, in Section 30, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 25, Page 50, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation Sallie Ashcraft died on August 19, 2003 in DeSoto County, Mississippi. Benjamin Ashcraft died on October 30, 2004. The Last Will and Testament of Benjamin Ashcraft was admitted to probate in the Chancery Court of DeSoto County, Mississippi, (Cause #05-03-0423). The Last Will and Testament of Benjamin Ashcraft named Patti Pond as the Executrix and sole beneficiary of said estate. Copies of the death certificates of Sallie Ashcraft and Benjamin Ashcraft are attached hereto as Exhibit "A".

THIS QUITCLAIM DEED IS BEING PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION AS NONE WAS REQUESTED.

This deed is subject to rights of way and easements for public roads and public utilities; to building, zoning, subdivision and health department regulations in effect in Marshall County, Mississippi; and to the covenants, limitations and restrictions set forth with the recorded plat of said subdivision as well as any amendments thereto.

Witness our signatures this the 12 day of September, 2005.

Patti Pond
Patti Pond, Executrix of the
Estate of Benjamin Ashcraft
GRANTOR

STATE OF MISSISSIPPI
COUNTY OF DESOTO

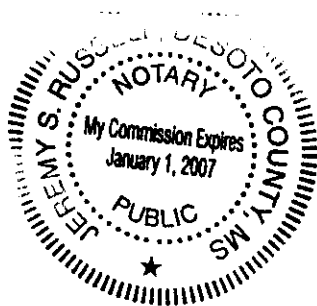
Personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named Patti Pond who acknowledged that she is Executrix of the Estate of Benjamin Ashcraft and in said representative capacity she signed and delivered the above and foregoing instrument on the day and year therein mention and for the purposes therein expressed, after having been duly authorized so to do.

Given under my hand and seal this 12 day September, 2005.

[Signature]
NOTARY

My commission Expires:

Grantor's Address:
964 Greencliff Drive
Southaven, MS 38671
(H) 662-349-9669
(W) 662-349-9669



Grantee's Address:
964 Greencliff Drive
Southaven, MS 38671
(H) 662-349-9669
(W) 662-349-9669

E/PRINT
IN
VALENT
CK INK
FOR
CTIONS
ANDBOOKTENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATHSTATE FILE
NUMBER

1. DECEDENT'S NAME (First, Middle, Last) BENJAMIN H. ASHCRAFT				2. SEX MALE		3. DATE OF DEATH (Month, Day, Year) OCTOBER 30, 2004								
4. SOCIAL SECURITY NUMBER (of Decedent) 488-07-6865		5a. AGE-LAST BIRTHDAY (Years) 92		5b. UNDER 1 YEAR MO. DAYS HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) JULY 23, 1912								
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input checked="" type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)												
9b. FACILITY NAME (If not institution, give street and number) KENNINGTON POINT ASSISTED LIVING				9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS		9d. COUNTY OF DEATH SHELBY								
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) WIDOWED		11. SURVIVING SPOUSE (If wife, give maiden name)		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) CLERK		12b. KIND OF BUSINESS/INDUSTRY US POSTAL SERVICE								
13a. RESIDENCE-STATE TN		13b. COUNTY SHELBY		13c. CITY, TOWN OR LOCATION MEMPHIS		13d. STREET AND NUMBER OR RURAL LOCATION 6301 VILLAGE GROVE APT. 231								
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38115		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		15. RACE-American Indian, Black, White, etc. (Specify) WHITE								
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4														
17. FATHER'S NAME (First, Middle, Last) BENJAMIN ASHCRAFT				18. MOTHER'S NAME (First, Middle, Maiden Surname) ZETHA RHOADES										
19a. INFORMANT'S NAME (Type/Print) PATTI POND				19b. RELATIONSHIP TO DECEASED POA		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6553 FOX HORN PL., SOUTHAVEN, MS 38671								
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MEMORIAL PARK CEMETERY		20c. LOCATION-City or Town, State MEMPHIS, TN										
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Heidi M. Pond</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 5670		21c. SIGNATURE OF EMBALMER <i>Roy P. Blaylock</i>		21d. LICENSE NUMBER OF EMBALMER 3586								
22a. NAME AND ADDRESS OF FUNERAL HOME FOREST HILL SOUTH 2545 E. HOLMES RD., MEMPHIS, TN 38118				22b. LICENSE NUMBER OF FUNERAL HOME 920										
23. REGISTRAR'S SIGNATURE <i>Martha S. [Signature]</i>				24. DATE FILED (Month, Day, Year) NOV 8 2004										
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>				25b. LICENSE NUMBER MD015676		25c. DATE SIGNED (Month, Day, Year) 11-6-04								
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)								
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. MARK HAMMOND 6263 POPLAR AVENUE SUITE 1052 MEMPHIS TENNESSEE 38119														
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <table border="1"><tr><td>IMMEDIATE CAUSE (Final disease or condition resulting in death)</td><td>a. <i>renal failure</i> DUE TO (OR AS A CONSEQUENCE OF):</td><td rowspan="4">Approximate Interval Between Onset and Death</td></tr><tr><td rowspan="3">Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST</td><td>b. <i>unknown cause</i> DUE TO (OR AS A CONSEQUENCE OF):</td></tr><tr><td>c. DUE TO (OR AS A CONSEQUENCE OF):</td></tr><tr><td>d. DUE TO (OR AS A CONSEQUENCE OF):</td></tr></table>								IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. <i>renal failure</i> DUE TO (OR AS A CONSEQUENCE OF):	Approximate Interval Between Onset and Death	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. <i>unknown cause</i> DUE TO (OR AS A CONSEQUENCE OF):	c. DUE TO (OR AS A CONSEQUENCE OF):	d. DUE TO (OR AS A CONSEQUENCE OF):
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. <i>renal failure</i> DUE TO (OR AS A CONSEQUENCE OF):	Approximate Interval Between Onset and Death												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. <i>unknown cause</i> DUE TO (OR AS A CONSEQUENCE OF):													
	c. DUE TO (OR AS A CONSEQUENCE OF):													
	d. DUE TO (OR AS A CONSEQUENCE OF):													
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No								
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No														
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)				31d. DESCRIBE HOW INJURY OCCURRED										
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)														

AN OR MEDICAL
ER EXECUTING
DATE MUST
TE AND SIGN
L CERTIFICATION
48 HOURS.INSTRUCTIONS
THIS SIDECAUSE OF
DEATH

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-614 JEFFERSON AVE.,
MEMPHIS, TENNESSEE 38103
THIS IS TO CERTIFY that this is a true and correct copy of
the record filed with the Tennessee Vital Records by the Memphis and Shelby County
Health Department.

SEAL

NOV 9 2004

Date Issued

by

Kenneth Johnson
Kenneth Johnson, Registrar
Vital Records Section

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDSTYPE OR PRINT
WITH BLACK INK

FILING DATE SEP 23 2003

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER 123-03-018969

DECEASED

1. NAME First Middle Last Sallie Vada Ashcraft	2. SEX Female	3a. HOUR OF DEATH 12:45p m	3b. DATE OF DEATH (Month, Day, Year) August 19, 2003
4. RACE (Specify White, Black, Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 93 Years	5b. MOS 5c. DAYS 5d. HOURS 5e. MINS	6. DATE OF BIRTH (Month, Day, Year) May 24, 1910
7a. COUNTY OF DEATH Desoto	7b. CITY OR TOWN OF DEATH Southaven	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) Baptist Desoto Hospital 17-B	7d. IF IN HOSP. OR INST. SPECIFY INPT. OUTPT. EMER. RM. OR DOA Emer. Room
8. STATE OF BIRTH AR	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School (0-12) College (1-4) 4	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Ben Ashcraft
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American	14. SOCIAL SECURITY NUMBER 429-09-7841	15a. USUAL OCCUPATION (Kind of work done most of working life) Homemaker
15b. KIND OF BUSINESS OR INDUSTRY Own Home	16a. RESIDENCE—STATE MS	16b. COUNTY Desoto	16c. CITY OR TOWN Southaven
16d. INSIDE CITY LIMITS (Specify Yes or No) Yes	16e. STREET AND NUMBER OR RURAL LOCATION 964 Greycliff		

PARENTS

17. FATHER—NAME First Middle Last Unknown Sessoms	18. MOTHER—NAME First Middle Maiden Unknown
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INFORMANT

19a. INFORMANT—NAME (Type or print) Ben Ashcraft	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 964 Greycliff Southaven, MS 38671
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DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) Burial	20b. CEMETERY, CREMATORY—NAME Memorial Park	20c. LOCATION (City and State) Memphis, TN	21a. EMBALMER—SIGNATURE AND NUMBER KoBuck Bailey 5544
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Forest Hill South 920	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 E. Holmes Rd. Memphis, TN 38118		

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Robert Turner, M.D.	22b. PRONOUNCED DEAD (Month, Day, Year) ON Aug. 19, 2003	22c. PRONOUNCED DEAD (Hour) AT 12:45P m
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CERTIFIER

23a. CERTIFIER—NAME (Type or print) Jeffery Pounders	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Rd. Nesbit, Ms. 38651
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Mississippi State
Board of Health
Form No. 511
Revised 1-1-89

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE 24b. DATE SIGNED (Month, Day, Year) 24c. STATE LICENSE NUMBER 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)	24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE 24f. TITLE Desoto VCMEI 24g. DATE SIGNED (Month, Day, Year) August 24, 2003
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CAUSE OF DEATH

25. PART I: IMMEDIATE CAUSE (Enter one cause only) (a) ASCD Interval between onset and death	25. PART I: IMMEDIATE CAUSE (Enter one cause only) (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): Interval between onset and death	25. PART I: IMMEDIATE CAUSE (Enter one cause only) (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): Interval between onset and death
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Had Decedent
been Pregnant
within 90 Days
prior to Death?

Yes No

26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I Alzheimers	27. AUTOPSY (Yes or No) No	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 29b. DATE OF INJURY (Month, Day, Year) 29c. HOUR OF INJURY 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	29e. INJURY AT WORK (Yes or No) 29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 29g. LOCATION Street or route number City or town State	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

SEP 23 2003

Judy Moulder
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.